

## **Why** should I collect and report hepatitis C information?

As a member of the Massachusetts health care community, you can play a <u>critical role</u> in the advancement of hepatitis C knowledge by collecting and reporting information to the Massachusetts Department of Public Health (MDPH). MDPH uses the information you report to:

- **★** Identify outbreaks of acute hepatitis C infection and implement appropriate control measures;
- **★** Identify populations in need of services and coordinate the provision of services; and
- **+** Evaluate the effectiveness of ongoing hepatitis C activities.

Hepatitis C is a reportable disease in Massachusetts; reporting is required by regulation. Authorization for reporting hepatitis C information to MDPH is granted under the HIPAA Privacy Rule. All case reports are handled with the highest level of confidentiality.

Between 2001 and 2002 the number of hepatitis C cases reported to the MDPH increased by 180%. Through 2002, over 19,000 confirmed and suspect cases have been identified in Massachusetts and reported to MDPH. This increase is due to the improved screening, assessment, and testing of at-risk patients; and reporting efforts of health care providers like you.

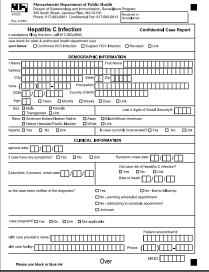
Although the increase in diagnosed hepatitis C cases is noteworthy, the CDC estimates that there are at least 100,000

people in Massachusetts living with hepatitis C. This means we very likely have identified less than 20% of people infected.

As patients are diagnosed with hepatitis C, the demand for services grows. To prepare for increased service needs, MDPH is seeking to understand more about hepatitis C in Massachusetts. To this end, MDPH has implemented new statewide provider-based surveillance protocols, and asks you to serve as a partner in this effort.

## **What** is my role under the new surveillance protocols?

Upon lab confirmation of a <u>non-acute</u> hepatitis C case, the provider who ordered the hepatitis C laboratory tests will receive a **two-sided** case report form from MDPH to complete and return. **The information required to complete the form should be in the patient's medical record**. Local health departments will remain responsible for the investigation of <u>acute</u> cases only.





## **What** are the steps under the new surveillance protocols?

- 1. When a hepatitis C laboratory test is ordered, the lab will report any evidence of hepatitis C infection to MDPH.
- 2. When a laboratory test indicates possible identification of a <u>non-acute</u> case of hepatitis C, MDPH will generate a Hepatitis C Infection Confidential Case Report Form (CRF). The form will be partially completed with information provided by the lab (i.e. patient name, patient address, diagnostic lab test information, etc.).
- 3. MDPH will send the CRF to the <u>provider who ordered</u> the <u>laboratory test(s)</u> for completion. Providers should complete information in the following areas:
  - + Patient information
  - Clinical information
  - **◆** Diagnostic lab test information
  - **◆** Patient risk history

Since the form is scannable, it is important to write legibly and use blue or black ink.

4. Once complete, the CRF and a copy of any additional <u>lab results</u> should be faxed to MDPH's confidential fax at 617-983-6813, or mailed to the Division of Epidemiology and Immunization Surveillance Program at the Bureau of Communicable Disease Control, 5th Floor, 305 South Street, Jamaica Plain, MA 02130.

## **Checklist for Collecting Patient Information**

Use this checklist as a guide for collecting the information requested on the Hepatitis C Infection Confidential Case Report Form (CRF). Collecting this information during an initial patient encounter will expedite the completion of the CRF, and will help eliminate potentially time-consuming follow-up.

Demographic Information		Cli	Clinical Information	
	First and last name		Date of diagnosis (earliest date of lab test	
	Street address, city/town, state, zip code		confirmation for hepatitis C infection)	
	Daytime telephone number (or number		Patient symptom status (yes, no, or unknown)	
	where patient can be easily reached)		Date of symptom onset	
	Occupation		Description of symptoms	
	Date of birth (mm/dd/yy)		Patient notification of diagnosis	
	Country of birth		Patient pregnancy status	
	Age		In event of patient death, cause and date of death	
	Sex	D'	1/0	
	Last 4 digits of SSN	RIS	sk/Contact History	
	(used to de-duplicate reports)		Year of initial hepatitis C exposure (used to	
	Race		estimate disease progression)	
	Hispanic (yes, no, unknown)		Recipient of blood products, organ transplant, or	
	Incarceration status (used to identify the		clotting factors	
	location of the patient if address information		History of hemodialysis	
	is not provided)		Substance use history	
Lab Test Information			Sexual history (including number of male and female sexual partners, and STD history)	
	Hepatitis C Screening Antibody (Anti-HCV)		Contact with person with known	
	(e.g. ELISA, EIA)		hepatitis C diagnosis	
	EIA signal-to-cut-off ratio		Employment in a field involving direct contact	
	Anti-HCV supplementary test (e.g. RIBA)		with human blood	
	Viral RNA (e.g. RIBA)			
	Liver function tests (ALT, AST, SGPT, SGOT)			